

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My Residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SUTURE TEMPLATE FOR FACILITATING IMPLANTATION OF A PROSTHETIC HEART VALVE, the specification of which

(a)  is attached hereto

or

(b) \_\_\_\_\_ was filed on \_\_\_\_\_ as United States Application No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application as defined in Title 37, Code of Federal Regulations, §1.56(a).

**CIP Application Duty:** If the present application is a continuation-in-part of any prior application(s), including any listed below or in the above-identified application, I acknowledge the duty to disclose information that is material to the examination of this application as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign or Provisional Application(s)</u>		<u>Priority Claimed</u>		
<u>Number</u>	<u>Country</u>	<u>Filing Date</u>	<u>Yes</u>	<u>No</u>
60/412,415	U.S.	9/20/2003	X	

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office and in all the competent International Authorities connected therewith: Debra D. Condino, Reg. No. 31,007; Lena Vinitskaya, Reg. No. 39,448; Rajiv Yadav, Reg. No. 43,999; and John Christopher James, Reg. No. 40,660.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

Full name sole or  
first joint inventor: Claudio Argento

Inventor's signature: X   
Date: 9/16/03

Residence: 3925 E. 15<sup>th</sup> Street  
Long Beach, California 90804

Citizenship: Brazil  
Post Office Address: same as above

Full name of second  
joint inventor: \_\_\_\_\_

Inventor's signature: X \_\_\_\_\_  
Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_  
Post Office Address: same as above

Full name of third  
joint inventor: \_\_\_\_\_

Inventor's signature: X \_\_\_\_\_  
Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_  
Post Office Address: same as above

Full name of fourth  
joint inventor: \_\_\_\_\_

Inventor's signature: X \_\_\_\_\_  
Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_  
Post Office Address: same as above

Full name of fifth  
joint inventor: \_\_\_\_\_

Inventor's signature: X \_\_\_\_\_  
Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_  
Post Office Address: same as above